				Complete if Known		
Substitute for Form 1449 A & B/PTO				Application Number	10/538,160	
INFODMAT	TON DISCLO	) CII	DF	Confirmation Number	3287	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT				Filing Date	March 20, 2007	
				First Named Inventor	Danny A. Grant, et al.	
(use as many sheets as necessary)			ry)	Art Unit	2629	
				Examiner Name	Christopher R. Leiby	
Sheet	1	of	2	Attorney Docket Number	IMMR-152A (434701-510)	

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Examiner	Cite	Foi	eign Patent Docum	nent	Publication Date	Name of Patentee or	Translation <sup>6</sup>
Initials*	No.1	Country Code <sup>3</sup>	Number <sup>4</sup>	Kind Code <sup>5</sup> (if known)	MM-DD-YYYY	Applicant of Cited Document	Translation

		NON PATENT LITERATURE DOCUMENTS	
Examiner Initials*	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city, and/or country where published.	Translation <sup>6</sup>

Examiner Signature	Date Considered	

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Initials*	No.1	Country Code <sup>3</sup>	Number <sup>4</sup>	Kind Code <sup>5</sup> (if known)	MM-DD-YYYY	Applicant of Cited Document	Translation <sup>6</sup>

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